

Case Number:	CM14-0172150		
Date Assigned:	10/23/2014	Date of Injury:	09/21/2012
Decision Date:	12/02/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Family Medicine and is licensed to practice in Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67-year-old woman with a date of injury of 09/29/2012. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 06/25/2014, 08/13/2014, and 09/03/2014; an office visit note by [REDACTED]; and physical therapy notes dated 07/03/2014 by [REDACTED] indicated the worker was experiencing lower back pain that went into both legs, constant neck pain that went into both arms and the left shoulder, several falls while walking in a short amount of time due to imbalance, and right hip pain after a fall. Some handwritten notes by [REDACTED] and by [REDACTED] were difficult to read. Documented examinations consistently described decreased motion in the lower and upper back joints, decreased left shoulder joint motion and pain, tenderness in the lower back, muscle spasm involving the upper and lower back muscles, and decreased sensation in both arms along the path of the C7 spine nerves. The submitted and reviewed documentation concluded the worker was suffering from a bulging disk in the lower back with radiculopathy worse in the right than the left side, neck pain with a C7 radiculopathy, and back muscle spasms. Treatment recommendations included oral and injected pain medications and a walker to improve imbalance while walking. A Utilization Review decision by [REDACTED] was rendered on 09/15/2014 recommending non-certification for a walker.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Walker: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hoeng H, et al. Overview of Geriatric Rehabilitation: Program Components and Settings for Rehabilitation. (Topic 16852, version 7.0. Up-To-Date).

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. Mobility devices may be used for physical limitations affecting mobility, such as weakness, problems with balance, limited endurance, and/or sensory issues. Devices are intended to improve mobility and independence and to provide some protection against falls. However, there is limited research on the impact of these devices. Walkers require moderate balance, coordination, and arm strength to use them safely. The submitted and reviewed documentation indicated the worker was experiencing back and arm pain and problems with balance causing several falls in a short amount of time, among other issues. While the submitted and reviewed documentation did not include a specific assessment detailing the rationalization for a walker, the records did indicate multiple falls due to imbalance, resultant increased pain suggesting injury, and sufficient arm strength to safely use a walker. In light of this supporting evidence, the current request for a walker is medically necessary.